

### VENDOR REQUISITION

Organization Code: XXXXXXXXXX  
Employee Requesting: James Hanchett  
Vendor Name: Airgas-East  
Vendor Street: 17 Northwestern Drive  
Contract # or Catalog Date: 1G2Z8

City: Salem

Ext. #: \_\_\_\_\_

State: NH

Date: \_\_\_\_\_  
Deliver to Room #: N251  
Vendor Phone #: 1-866-718-0685  
Zip Code: 03079

Contract Item or Catalog #	Commodity Code #	Quantity	Item Description and Unit Quality	LCDC Stock Code #	Expected Unit Cost	Extended Cost
HE UHP300		4	Helium (Size 300, 329 cf UHP 99.999%)			
AI B300		2	Breathing Air (Size 300, 277 cf)			
			PO #10440			

### APPROVAL ROUTING

Program Authorization: \_\_\_\_\_  
Central Stockroom: \_\_\_\_\_  
Fiscal Office: \_\_\_\_\_

Appropriation Account: \_\_\_\_\_  
Encumbrance #: \_\_\_\_\_  
Clerk: \_\_\_\_\_  
Date Placed: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_